

**UTILITY PATENT APPLICATION  
TRANSMITTAL UNDER 37 CFR 1.53(b)**

**ATTORNEY DOCKET 85694LMB  
Customer No. 01333**

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA. 22313-1450

**Express Mail Label No.**

**EV293539008US**

**BIOLOGICAL MICROARRAY COMPRISING  
POLYMER PARTICLES AND METHOD OF USE**

**Date:** September 9, 2003

**First Named Inventor (or Application Identifier):**

Jeffrey W. Leon, et al

03940 U.S. PRO  
10/658438  
09/09/03

Enclosed are:

- |  |   |
|--|---|
| <p>1. <input checked="" type="checkbox"/> Specification</p> <p>2. <input type="checkbox"/> Sheet(s) of drawing(s)</p> <p>3. <input checked="" type="checkbox"/> Information Disclosure Statement Under 37 CFR 1.97.</p> <p>4. Combined Declaration for Patent Application and Power of Attorney:</p> <p>4a. <input checked="" type="checkbox"/> New</p> <p>4b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)</p> <p>5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> | <p>6. <input checked="" type="checkbox"/> Assignment of the invention to Eastman Kodak Company</p> <p>7. <input type="checkbox"/> Certified copy of a priority</p> <p>8. <input type="checkbox"/> Associate Power of Attorney</p> <p>9. <input type="checkbox"/> Deletion of Inventor(s).<br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> |
|--|---|

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:  
--CROSS REFERENCE TO RELATED APPLICATION  
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

**If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. :
12. ☒ Please address all written communications to Paul A. Leipold, Patent Legal Staff,  
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.  
Please Direct all telephone calls to Lynne M. Blank at 585-477-7418.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 750
TOTAL CLAIMS	54	- 20 =	34	x 18 = \$ 612
INDEPENDENT CLAIMS	2	- 3 =	-1	x 84 = \$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 280	\$ 0
			<b>TOTAL</b>	<b>\$ 1362</b>

- ☒ Please charge my Eastman Kodak Company Deposit Account No. **05-0225** in the amount of **\$ 1362**

**A duplicate copy of this sheet is enclosed**

- ☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. **05-0225**.

**A duplicate copy of this sheet is enclosed.**

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